

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		15	2501
FORMALITY REVIEW	Sm	879	02-20-01
RESPONSE FORMALITY REVIEW	ht	907	0-5-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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